

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Carmel Beach Water District

PWS ID# 4 1 00565

Month/Year 9/2022

Entry Point: Sink

Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:00		1.13	
2	7:00		1.10	
3	7:00		1.11	
4	7:00		1.00	
5	7:00		1.02	
6	7:00		1.17	
7	7:00		0.82	
8	7:00		0.97	
9	7:00		0.89	
10	7:00		0.92	
11	7:00		0.90	
12	7:00		0.95	
13	7:00		1.20	
14	7:00		1.30	
15	7:00		1.23	
16	7:00		1.28	
17	7:00		1.31	
18	7:00		1.36	
19	7:00		1.17	
20	7:00		1.29	
21	7:00		1.20	
22	7:00		1.05	
23	7:00		1.03	
24	7:00		0.99	

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

25	7:00		1.30	
26	7:00		1.23	
27	7:00		1.20	
28	7:00		1.15	
29	7:00		1.10	
30	7:00		1.18	
31				

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes **No**
 If yes, what was the longest time period until the required level was restored? _____ hours

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L? Yes No
Attach those results and submit them with this form.

GWS Serving More Than 3,300

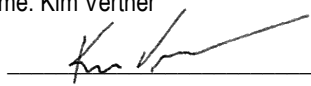
Did continuous monitoring equipment fail at any time this reporting month? Yes No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No
Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /
 Date it was returned to service: / /

Printed Name: Kim Vertner

Title: President

Operator Certification #: 33-061-0228

Signature: 

Phone #: 971.716.5372

OR

Date: 10/3/2022

Small Groundwater System